

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155019		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/05/2013	
NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S CURRY PK BLOOMINGTON, IN 47403			
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/05/13</p> <p>Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040</p> <p>Surveyors: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Garden Villa-Bloomington was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original portion of the facility was surveyed with Chapter 19, Existing Health Care Occupancies and included everything except the Dining/Lounge area on Station 3 and the renovated Sunroom on Station 1.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms on Unit 1, 2, and 3 with hard wired smoke detectors in resident rooms on Unit 4, 5, and 6. The facility has a capacity of 224 and had a census of 185 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the Recreation Therapy room on Station 1 and one detached garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/09/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 14 exit doors with electromagnetic locks remained unlocked until the fire alarm system was reset. LSC 7.2.1.6.2 (d) requires doors shall automatically unlock and remain unlocked until the fire protective signaling system has been manually reset. This applies to electromagnetic locks on all doors to unlock upon actuation of an approved fire alarm system installed in accordance with LSC 9.6. LSC 9.6.1.4 requires a fire alarm system to be installed, tested and maintained in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 3-9.7.2 requires all emergency exits connected to the fire alarm system unlock upon receipt of any fire alarm signal by the fire alarm system serving the protected premises. This deficient practice could affect 16 residents on Station 5 as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/05/13 at 3:10 p.m. during a fire alarm test with the Maintenance Supervisor the electromagnetic lock on Service hall</p>	K010038	<p>K038 Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Door repair scheduled for August 26, 2013. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Contractor contacted regarding the relay for 1 of 14 doors. Scheduled repair for August 26, 2013 for relay replacement. (part ordered) III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? All door magnets are on monthly scheduled preventative maintenance round. On-going monthly checks will be made to ensure proper function. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? Monthly preventative maintenance rounds will be done on an on-going basis. V. Aug. 26, 2013</p>		08/26/2013		

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	<p>which was adjacent to Station 5 did not release upon activation of the fire alarm system. Based on interview on 08/05/13 at 3:20 p.m. it was acknowledged by the Maintenance Supervisor the aforementioned exit door equipped with electromagnetic locks remained locked when the fire alarm system was activated.</p> <p>3.1-19(b)</p>						

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, 1999 Edition, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/05/13 at 3:00 p.m. with the Maintenance Supervisor, the primary phone line from the dialer was disconnected and after five minutes there was no trouble light or signal heard from the fire alarm panel or elsewhere in the facility.</p>		K010052	<p>K052 Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Fire alarm system had a audible/visual switch added to the current system this allows trouble indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen Fire Protection. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Fire alarm system had a audible/visual switch added to the current system this allows trouble indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen Fire Protection. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? This update will be on Koorsen's</p>		08/12/2013	

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	<p>Based on interview on 08/05/13 at 3:05 p.m. with the Maintenance Supervisor, it was acknowledged when the fire alarm system was placed into trouble when a phone line from the dialer was disconnected, a visual trouble signal on the dialer was not activated and not transmitted to the fire alarm control panel (FACP) adjacent to the dialer located next to the 300 hall Nurses' station and no audible trouble signal was generated at the dialer or the FACP.</p> <p>3.1-19(b)</p>				<p>annual alarm inspection for the facility. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? Annual alarm inspection. V. August 12, 2013</p>		

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 5 of 8 armover sprinkler pipes were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect 16 residents on Station 5 west adjacent to the Laundry room as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/05/13 at 2:36 p.m. with the Maintenance</p>		K010056	<p>K056 (1) Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Circle City Fire Protection was contracted in to preform an inspection of all "armover" sprinkler piping, fixing all piping according to NFPA standards. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Circle City Fire Protection was contracted in to preform an inspection of all "armover" sprinkler piping, fixing all piping according to NFPA</p>		08/23/2013	

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	<p>Supervisor, there were five unsupported steel armover sprinkler pipes which were over thirty inches in length located in Laundry room adjacent to Station 5 west. Four unsupported armover sprinkler pipes were observed in the washing machine room and one unsupported armover sprinkler pipe was observed in the dryer room. Based on interview on 08/05/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipes exceeded thirty inches in length and were unsupported.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 26 residents on Station 3 east as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/05/13 at 1:40 p.m. with the Maintenance Supervisor,</p>		<p>standards. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? All "armover" sprinklers have been inspected and fixed. Any new sprinkler installs will be in accordance with NFPA standards. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? All "armover" sprinklers have been inspected and fixed. Any new sprinkler installs will be in accordance with NFPA standards. V. August 21, 2013 K056 (2) Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A divider has been installed to separate the two(2) sprinkler heads in accordance with NFPA guidelines. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. A divider has been installed to separate the two(2) sprinkler heads in question. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur?</p>				

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	<p>the Conference room next to the Station 3 nurse's station had two wall mount sprinkler heads on the east wall which were measured to be four and one half feet apart. Based on interview on 08/05/13 at 1:44 p.m. with the Maintenance Supervisor, it was acknowledged the two sprinkler heads observed were less than six feet apart.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 36 rooms on Station 1 was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 72 residents as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 08/05/13 at 1:20 p.m. with the Maintenance Supervisor, the Recreation Therapy room on Station 1 was not provided with sprinkler head protection. Based on interview on 08/05/13 concurrent with the observation it was acknowledge by the Maintenance Supervisor, the aforementioned room was not equipped with sprinkler head protection in order to provide complete sprinkler coverage to all areas of the</p>		<p>Circle City Fire Protection was contracted in to preform an inspection of all sprinkler heads. No current problems. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? Circle City Fire Protection was contracted in to preform an inspection of all sprinkler heads. No current problems. If any new sprinklers are added it will be within NFPA guidelines. V. August 21, 2013 K056 (3) Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Circle City Fire Protection has been contracted to install one(1) sprinkler in St. 1 Rec Therapy room . To be completed on August 23, 2013 II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. A sprinkler will be installed in Rec Therapy room. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Plant Ops staff will insure that any alterations to the building layout will have adequate sprinklers in</p>				

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	facility. 3.1-19(b) 3.1-19(ff)			accordance with NFPA guidelines. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? Plant Ops staff will insure that any alterations to the building layout will have adequate sprinklers in accordance with NFPA guidelines. V. August 23, 2013			

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	<p>corridors, in spaces open to the corridors and battery powered smoke detectors in resident rooms on Unit 1, 2, and 3 with hard wired smoke detectors in resident rooms on Unit 4, 5, and 6. The facility has a capacity of 224 and had a census of 185 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the one detached garage used for facility storage.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K030052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, 1999 Edition, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/05/13 at 3:00 p.m. with the Maintenance Supervisor, the primary phone line from the dialer was disconnected and after five minutes there was no trouble light or signal heard from the fire alarm panel or elsewhere in the facility. Based on interview on</p>	K030052	<p>K052 Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Fire alarm system had a audible/visual switch added to the current system this allows trouble indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen Fire Protection. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Fire alarm system had a audible/visual switch added to the current system this allows trouble indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen Fire Protection. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? This update will be on Koorsen's</p>	08/12/2013			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155019		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 08/05/2013	
NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S CURRY PK BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>08/05/13 at 3:05 p.m. with the Maintenance Supervisor, it was acknowledged when the fire alarm system was placed into trouble when a phone line from the dialer was disconnected, a visual trouble signal on the dialer was not activated and not transmitted to the fire alarm control panel (FACP) adjacent to the dialer located next to the 300 hall Nurses' station and no audible trouble signal was generated at the dialer or the FACP.</p> <p>3.1-19(b)</p>				<p>annual alarm inspection for the facility. IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? Annual alarm inspection. V. August 12, 2013</p>		